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I.

*Facts relating to the Influence of
decomposing Animal Matter in
producing Fevers.*

Communicated for the Boston Medical and
Surgical Journal.

THE atmosphere we live in is known to be the vehicle of many diseases. Places are more or less healthy according to the atmosphere which prevails in them; and its varieties depend on exhalations from the surface of the earth. The vast quantities of vegetable substance with which most places abound, being operated on by moisture and a certain degree of heat, are thrown into a state of decomposition. In this process, certain gases, or other volatile matters, are developed, which have received the name of *miasmata* or *malaria*, and are the immediate agents in causing disease. They exist in the banks of rivers, on marshy grounds, and in all places where vegetable substances are not covered by water, but sufficiently moistened by it to favor decomposition. Warm climates and warm seasons are most fruitful in the production of these exhalations, and in the diseases generated by them. During the latter part of summer or the beginning of autumn, the

miasmata produce the yellow fever, bilious, remittent, intermittent, or fever and ague, in warm climates principally; and dysentery, diarrhœa and cholera, in all climates. Although the influence of miasmata has been known from an early period, in consequence of their having depopulated extensive regions, and often destroyed considerable armies; yet their nature, and the laws by which they are governed, are still very imperfectly understood. This, however, is admitted by the whole medical world,—that such miasmata exist, and that they arise from the decomposition of vegetable substance.

Some persons have confounded the effects of decomposing animal substances, with those arising from vegetables. It is, perhaps, a common opinion, that the effluvia of putrefying animals are equally dangerous with those from the vegetable kingdom; and it is certain that the people are more apprehensive of the stench of a dead animal in hot weather, than of the secret, but deadly poison of the malaria.

The object of these remarks is to point out the error of this opinion,—to show that the decomposition of dead animal matter does not generate that peculiar princi-

ple which is the special cause of fevers and kindred diseases, and to show this by facts, many of which are notorious, and within the cognisance of the whole community.

Some occupations are carried on in the midst of the decomposition of animal matter. Let us inquire whether those who exercise such occupations are, like the inhabitants of miasmatic districts, peculiarly liable to fevers.

Among those who are thus exposed, we find butchers, and such as live in the vicinity of slaughter houses, soap-boilers, tallow chandlers, tanners and curriers, seamen in whaling vessels, grave-diggers and night-men. Here we see a large body of men of various occupations, exposed to various forms of decaying and decomposing animal matter, from its earliest stage of fermentation to the highest degree of putrefaction. If the effluvia from matters in this state are injurious, we must expect to find those exposed to them unhealthy, liable to fevers, epidemics, and frequent casualties.

The butchers' employment does not necessarily expose them to bad air; but it is well known that in places where this business is carried on, the offals are allowed to accumulate, and by their putrefaction fill the surrounding atmosphere. Are the persons exposed to these offensive odors peculiarly liable to fevers and epidemics? An inquiry of the most intelligent concerned in this profession, has been uniformly answered in the negative. They without exception declare that they are not particularly liable to fevers nor any other diseases; that the vicinity of their slaughter

houses is as healthy as other places, and that the men employed in them are stout and healthy. An intelligent physician,* who has practised in a town near Boston, which contains more slaughter houses than any town in New England, declares, on an experience of more than thirty years, that the butchers' employment is perfectly healthy; that the individuals who carry on this business, when temperate, are more robust than other men, and that he has known no epidemic nor local fever generated by the numerous slaughter houses under his constant inspection. This accords entirely with observations made in Europe, where the business is considered so favorable to the lungs, that it is common to send persons affected with pulmonary complaints to inhabit such places. Dr. Beddoes particularly recommended this practice; and he attributed its good effects to the superabundance of azotic gas which arises from decomposing animal substances, and to the same cause has been attributed the corpulency of butchers. Mr. S. informs me that, during the yellow fever of 1798 in Boston, the butchers generally maintained their situations in Faneuil Hall market, although there placed in the very midst of the disease; that not one of them was affected by the epidemic, excepting himself, and he from going into a cellar which had for some time been closed, and was damp and foul. Dr. Rush mentions a fact of the same nature. In the terrible yellow fever of 1795, which nearly depopulated the city of Philadelphia, out of one hundred butchers who

* Dr. Bartlett, of Roxbury.

remained in the city, only *three* were attacked by yellow fever.

The soap-boilers and tallow chandlers work in an atmosphere filled with effluvia from the decomposition of animal fat. In hot weather the fat, having been some time accumulating in private houses, is in a highly putrid state when brought to the manufactory. Yet the fact is known that the workmen are healthy,—not liable to fevers nor epidemics, and this is as well established in Europe as in this country. (See Bancroft on yellow fever, 637.)

The tanners, curriers, and leather dressers, are as healthy as other men; yet they are sometimes compelled to work on skins in a green or putrescent state in hot weather. I have known instances of disease produced by *handling* putrid skins. This has not unfrequently been followed by inflammation of the cellular membrane, absorbent vessels and glands, by mortification and death. These, however, are not the effects of effluvia received in the lungs, but of putrid matter taken into the absorbent system of vessels.

Night-men are exposed to the most atrocious and overbearing exhalations from putrefying animalized matters. The gaseous fluids of an unrespirable nature, sulphuretted and phosphuretted hydrogen gas, are sometimes so copiously evolved as to displace the atmospheric air, and cause asphyxia, suffocation, or fainting. In the deep vaults of the city of Paris, many persons have lost their lives from plunging too suddenly and incautiously into these vaults. Yet none of these people are subject to fevers or epidemics. If, when asphyxied, they are re-

moved from the gas, speedily they recover without any consequent disease. The same unrespirable gases, mingled with a sufficient portion of atmospheric air to render them respirable, have never been known to cause any kind of disease.

The whale ships are completely saturated with animal matter, which they retain in the hot as well as the cold latitudes. The seamen are more healthy than the seamen of other vessels, in the opinion of those long engaged in the business; as I have ascertained from the Nantucket captains, and from the other inhabitants of Nantucket and New Bedford, who may be characterized as a people remarkably intelligent and observing.

The manufacture of glue consists in boiling down the refuse of animal bodies. These substances are generally in a state of putrescence, and emit a highly offensive odor. The men employed in this and other similar works, have never been observed to be less healthy than other men; nor have they been known to be particularly liable to febrile complaints.

But to some it may appear that habit renders these classes of persons unsusceptible of the ill effects of putrid matter. This opinion will lose its force, when it is considered that numbers of individuals engaged in these trades are constantly changing their situation, from the common air to that which is impregnated. Thus, we see the soap-boilers quitting their works to drive through the streets; and all of the classes mentioned, or nearly all, leave the atmosphere in which they have lived through the day for a different one at night; so that the habit is

interrupted, and the susceptibility to the vitiated atmosphere renovated, to a degree abundantly sufficient to expose them to the full operation of the noxious principle. It does not, therefore, seem probable that habit can prevent the reception of disease from these sources, if any tendency to produce it existed in them. The inhabitants of districts in which malaria exists, remaining *constantly* in the same atmosphere, become accustomed to it, and are not so liable to fever as strangers; but they are a sickly, deformed, miserable, and short-lived people.

Some may possibly believe that the putrefaction of the flesh of quadrupeds and other animals may operate differently on the human frame from that of men in the same state of decomposition. This opinion is entirely at variance with the principles of science. The ultimate elements of different animal bodies are the same; viz., carbon, hydrogen, oxygen, and azote; and the secondary principles, or those formed by the spontaneous decomposition of such substances, are also the same, viz., phosphuretted, sulphuretted, and carburetted hydrogen gases, ammonia, carbonic acid gas, aqueous vapor, water and azotic gas; and the solid residuum is similar in all animals. It appears, then, that human and other animal bodies, consisting of the same principles in their composition and decomposition, must produce similar effects on the living body. On this head, however, we are not destitute of positive facts. Grave-diggers are among the men most exposed to the effluvia of human bodies in every stage of decomposition; yet no one can be ignorant of the truth that they are

not more subject to febrile, contagious or epidemic diseases, than other men. It has even been thought that those not habituated to the use of ardent spirits are less frequently affected by epidemic diseases than other people. Dr. Rush states, that in the yellow fever of 1793, very few grave-diggers were infected, compared to the whole number employed; and this he considers to be a fact not new, that grave-diggers were exempted from malignant fevers, since it had been previously noticed by Dr. Clark. (Rush on yellow fever, p. 156.) He further informs us that some physicians suspected the vicinity of grave-yards to be more under the influence of the epidemic than other places; but that he had found the reverse of this to be true in several cases,—owing, he thinks, to the yellow fever miasmata being diluted with the air of the grave-yards,—which *air was pure, compared with that stagnating in the streets*. Having made many inquiries of the most respectable sextons and undertakers in Boston, I have been told by them that no instance of fever of any kind had occurred from exposure to a dead body. In the yellow fever epidemic of 1798, they were called on to bury the dead under circumstances of great exposure and fatigue; yet they were not infected. They frequently have occasion to work in the midst of bodies in the highest state of putrefaction, and in warm weather as well as cold; but, although their senses are violently attacked, they have not been made ill from these exposures, nor do they experience more than a transient inconvenience. They make a distinction between the effects of the early and ad-

vanced stage of decomposition. A body which has been dead for a few weeks is not dangerous to approach; but after some months, if it has been closely confined, the surrounding air is not respirable, and will extinguish a lamp. When they open a tomb in a confined situation, they therefore first introduce their light, and if it burns they have no fear of entering. The gases which are thus deleterious, are carbonic acid, and sulphuretted and phosphuretted hydrogen gases; but they are not accumulated to a degree sufficient to produce the effect mentioned, unless the air has been entirely confined, and the decomposing substance has been considerable in quantity. These unrespirable gases are the same as those found in vaults and wells, and they produce the same effects; that is, if they are sufficiently abundant to exclude atmospheric air, they cause asphyxia, but never cause fevers of any form or description. Some of those who have been long engaged in this line of life, have never noticed these effects of the unrespirable gases on flame nor on their own persons; nor are they affected in any manner by the earlier and more offensive stage of the putrefactive process.

In the great medical schools of London, Paris, Edinburgh, and of this country, a large number of bodies are often collected in a single room, and this not always well ventilated. In these places, the most industrious and zealous students pass many hours of the evening and occasionally of the night, nor, if warm weather surprises them, do they desist. No exposure can be greater than these young men undergo; but they are not subject to fevers, in

any of these cities, nor under any of the circumstances mentioned. In Edinburgh the difficulty of procuring subjects for dissection compels them to continue the use of the same subject in a state which would be thought intolerable, and yet without injury to any one, out of hundreds within reach of the effluvia.

It may be asked, whether an atmosphere of this nature can be supposed to be equally healthy with pure unmixed air? This cannot be believed to be the case generally. Nature has destined us to breathe a certain proportion of oxygenous and azotic gases only. Therefore, every extraneous gas serves to diminish the purity of the air; but it does not necessarily infect it. The gases spoken of are not to be considered particularly favorable to health, but they are not deleterious; they do not produce specific diseases, such as fever, or pestilence of any kind. Nor can a slight degree of them be in any measure injurious to health, since we know that the respirable atmospheric air always contains a proportion of carbonic acid gas, a gas of all others the most fatal when taken by itself.

Prepared hides and dried fish, in an offensive state, have repeatedly had the reputation of generating malignant fever in this part of the country. There is not, however, one supposed fact of this kind, that I know of, which will bear a close examination.

In September, 1828, five or six fatal cases of malignant fever appeared in Boston, in a part of the town where the same disease broke out in 1798, 1802, and 1819. Among them was that of Mr. P., a custom house officer. He had been employed in the inspection

of merchandise on the wharves, near which this disease showed itself. It happened that some hides were discovered to be in an offensive state in a store on one of these wharves. An order was given to remove them immediately, and while this was going on, he repeatedly passed within the range of the offensive exhalations, and was greatly alarmed at the danger which might ensue. When Mr. P. died, which he did after a short illness, his death was attributed to the hides. Another gentleman, N. Tracy, Esq., belonging to the Custom House, was on the wharf during the whole time the hides were removing, and perceived the effluvia, but felt no inconvenience from it. The persons who handled and removed the hides, those who frequented the place where they had been stored, and others who came in contact with them, were in no way affected. The victims of that fever were, in fact, not persons exposed to the effluvia of the hides. They were individuals living in the street at the head of the wharves, running at right angles. They never saw nor smelt the hides; but they smelt the miasmata arising from the decomposing mass on the edge of the flats.

It may be asked, why persons living at a little distance from these wharves, along the edges of which the miasmata are generated, should be affected by them, while laborers on the very wharves escaped uninjured?

For this there are two reasons.

1. The miasmata ascend a little from the surface of the earth, and contaminate the atmosphere higher than the spot from which they emanate. Thus, Mr. Flint tells

us, the beautiful bluffs on the banks of the Mississippi are far more dangerous than the intervals between them and the river. 2. Miasmata exert their principal malignity in the first hours of the evening; that is, from sunset to about ten o'clock. This is a fact well known in Italy, and in many other places infected by malaria. The laborer retires from the wharf at sunset, while the inhabitant remains in the contaminated air, sitting, perhaps, at the window, to inhale the fresh evening breeze from the water, and drinking at every breath the insidious and fatal poison.

Badly preserved fish have been thought to generate malignant fever in their immediate vicinity.

The proofs of the non-pestilential nature of putrefying fish are abundant. In the State of Rhode Island and other places situated on the sea coast, the inhabitants carry on a great fishing with nets, by which hundreds of loads are landed at one place, and thence distributed to the vicinity. This business is pursued in August and September, that is, in the peculiar season of pestilential fever from miasmata. The fish are spread over the fields and allowed there to putrefy for manure. The air is made intolerable by the smell. The charm and comfort of the country, within reach of the stench, is destroyed. Every one who can conveniently avoid being exposed to it, takes some other route; but the laborer carries on his daily toil in the midst of the putrefying mass, without concern and without disease. The best proof of the absence of any pernicious consequence is, that the same process is repeated from year to year with increasing dili-

gence. Dr. Bancroft relates the existence of similar facts in the old world.

To the above shall I venture to add my personal experience. From an early period of life to the present time, I have been conversant with *dissecting rooms* and *decomposing bodies*, by day and night; often in ill health and under circumstances of great exhaustion; for weeks and months in succession; on subjects in every stage of decomposition, from the first taint, to a melting into a liquid mass; in midsummer as well as winter. I have also examined subjects dead of yellow fever, typhus fever, puerperal fever, and inflammation of the bowels, in the hottest weather and in epidemic seasons, and never have experienced any fever or febrile attack, excepting in a single instance. This occurred in Paris, in 1802, from dissecting at an open window, in very damp weather, in the month of January; in consequence of which I had a febrile affection of two or three weeks duration. The body I dissected was not putrid, and the room in which I was then engaged had no other occupant; so that the disease must be attributed to exposure to cold. When engaged over putrid bodies for some time, I have often experienced a sensation of debility and loss of appetite, but this has been very transient. During the present season, the weather having been unusually warm, the putrefactive process proceeded with a rapidity I have not often witnessed at the same period. The decomposing matters became so acrid as sometimes to excoriate the hands, produce small pimples, and very un-

comfortable feelings; yet no ill health ensued.

In the next number of this Journal, I shall produce extracts from distinguished writers, which will be thought, perhaps, more striking and conclusive than the facts above advanced. J. C. W.

II.

Case of Rupture of the Ilium from a Blow received on the Abdomen.

Communicated for the Boston Medical and Surgical Journal,

By GEO. W. OTIS, M.D.

MONDAY, July 21st, half past 4, P.M.—Called to visit James Rane; found him complaining of intense pain in the lower part of the abdomen. He was sitting on the bed with his knees drawn up, pressing firmly on his bowels with his hands, and writhing apparently in the severest suffering. His pulse was slow, feeble, and scarcely perceptible; countenance ghastly; bowels neither swollen nor tense. On inquiry, I ascertained that he had received a blow on the right iliac region, from the fist of a fellow-workman, about 11 o'clock of the same day. Nothing, however, was perceived externally but a slight abrasion of the cuticle. I had him immediately removed from a small, confined bed-room, to a larger and more airy room, below, and gave him some gin and water, that being the only cordial at hand.

I felt convinced, from the symptoms and general appearance of the patient, of the nature of the injury and its necessary speedy and fatal termination.

Shortly after taking the spirit, he revived a little, and the pulse

became fuller and more distinct. I bled him to the amount of six ounces; the pulse then failing and becoming less perceptible, I bound up the arm, and was obliged to repeat the stimulant. I directed him to be constantly rubbed with warm spirit, and hot fomentations to the bowels to be retained with firm compression. In a short time the pulse became better, and he appeared somewhat revived. He then took a drachm of the tinct. opii. I then left him, with directions to give him an enema of gruel as soon as it could be prepared.

At 7, P. M., I found him in as much distress as before, but he had been easier for a short time after my leaving him. Pulse fuller, and getting hard; bowels to the feel natural. Pressure could hardly be said to increase the pain; at least, the patient had not the power of evincing a higher degree of it than he constantly manifested. I repeated the bleeding to the amount of twelve ounces. It afforded no relief. It was now apparent, that if the extreme suffering of the patient could not be relieved or mitigated, vitality would speedily be exhausted. I gave him two drachms of the tinct. opii, in hot brandy and water, with directions to repeat one drachm every fifteen minutes till some relief was afforded. The frictions and fomentations were continued, and a free use of warm mucilaginous drinks was directed. The enema that was prescribed at the previous visit had been given and repeated, and had not been discharged. I now ascertained from the patient that he had had free evacuations from the bladder and bowels,

shortly previous to receiving the injury.

Half past 9, P. M., found him relieved; disposed to sleep; evidently under the influence of the opium; perfectly sensible; skin moist; respiration easy; extremities warm; abdomen not swollen, but now pain evidently much increased on pressure; pulse 130, distinct and less hard. Tincture as before directed.

Tuesday, half past 5, A. M. Patient in the intensest agony; had, however, remained, during the early and middle part of the night, stupidly quiet; had slept some, with intervals of delirium. Complains now of great pain in the scrotum; no external appearance of injury. I was prepared with a catheter, supposing it possible that some injury might have been given the bladder, which would prevent the voluntary discharge of its contents; but on inquiry I found that it had been freely evacuated during the night. No discharge from the bowels had occurred. Directed the hot applications to be continued; tinct. opii, one drachm every fifteen minutes, in hot spirit and water, and the enema to be repeated.

Half past 8. Visit, in consultation with Dr. Geo. Hayward. Patient nearly exhausted; extremities getting cold; pulse not perceptible; perfectly rational, and aware that he must soon die. Repeat brandy and water.

Death, half past 10, A. M.

Post-mortem examination four hours after death, in presence of my friends, the Drs. Hayward, Lewis, and Walker. On raising the abdominal parietes, the external surface of the intestines

that was exposed, presented the scarlet blush of recent and severe inflammation; they were slightly adherent from the effusion of coagulable lymph; a dark and sanious fluid was perceived in the cavity of the abdomen, floating in which were particles of apparently vegetable food. In order to ascertain with precision, and exactly the nature and situation of the injury, the intestines were very carefully traced from the stomach, downwards. At about the superior third of the ilium, a rent was discovered sufficiently large to admit of the introduction of the extremity of the thumb. No other derangement was discovered in the other organs contained within the abdomen. The other cavities of the body were not examined.

The rupture of the ilium was, of course, sufficient to account for all the symptoms of the case, and demonstrates most satisfactorily the diagnosis previously entertained.

In cases of rupture of an intestine, unaccompanied with a penetrating wound of the abdomen, no instances that I know of are recorded where recovery ensued. Indeed, if an individual, manifesting the most certain and positive appearances of such an injury, should recover, there would still be much room to doubt if, in this particular case, the intestine was actually ruptured. If the patient should survive the immediate shock which a blow, sufficient to produce such an injury, would impress on the system, the extensive inflammation which would almost immediately occur, and be constantly kept up by the contents of the intestines continually escaping into the peritoneal cavity, could not fail soon to destroy life. In

cases where great and severe injury has been inflicted on any of the important organs contained in the abdomen, the shock given to the whole system will, perhaps, manifest itself by a train of general symptoms pretty nearly alike. Thus, in extreme cases, the severity of the injury will at once exhaust the living principle to such a degree as to prevent any reaction, and death will, either instantaneously or in a very short time, ensue. In other instances, the system will, in a greater or less degree, react, and life may be prolonged from six hours, to two, three, or four days. Particular symptoms will show whether the continuity of the intestines has been destroyed,—whether the liver or its ligaments have been torn,—whether an important bloodvessel has been opened, or the bladder ruptured.

The indications of treatment, in the period of exhaustion immediately consequent upon the general shock, are, diffusible and general stimulants, internally given and externally applied, in proportion to the more or less depressed state of the system. When reaction occurs, perhaps the best treatment would be that which resulted from the supposition of the greatest possible injury having occurred, compatible with the continuance of life. This would be to adopt the most rigorous antiphlogistic measures. If the injury has gone beyond the point which indicated this treatment, art is of no avail,—the patient must die. The extreme suffering can only be for a short period partially mitigated by large doses of opiates and cordials.

Boston, January 12, 1829.

III.

SELECTIONS FROM FOREIGN
JOURNALS.

*Dysentery terminating in Gangrene,
and Perforation of the Intestines.
—Encephaloid Tumor of the Liver,
penetrating into the Thorax.
Cicatrix in the substance of the
Brain.*

JUL. HOULIER, ætat. 53, of an athletic constitution, and habitually in the enjoyment of excellent health, having, for three weeks, been affected with great debility, loss of appetite, pains in the bowels, and sanguineous diarrhœa, was, on the 11th of June, admitted into the Hotel Dieu, at Nantes. At this period he complained of anorexia, violent colic pains, and tenesmus; the abdomen was somewhat tympanitic, but not tender on pressure; the tongue was red and dry; the thirst violent; skin dry and hot; the pulse natural; the daily number of stools varied from ten to twelve. He had a large cicatrix on the right cheek, extending from the middle of the molar bone over the zygomatic arch, to the temporal suture; it was the consequence of a wound which he had received in the war of La Vendée. After the repeated application of leeches to the anus, and under the use of mucilaginous potions, the diarrhœa diminished, but the fever augmented, and delirium acceded.

On the 15th, the pulse was very full, strong, and frequent; the skin hot; face puffed up; conjunctiva injected; eyes bright; tongue red and moist; the abdomen was free from pain, and there was no diarrhœa, but furious delirium. The patient having been twice bled, the affection of the head and the fever subsided, but

the diarrhœa reappeared with increased violence and frequency; the stools were very foetid, and sometimes passed involuntarily; the abdomen was somewhat tender on pressure; six leeches were applied to it.

On the 24th, the countenance of the patient was suddenly altered, very pale, and expressive of the greatest anxiety; the abdomen was perfectly free from pain; the stools were involuntary, and had a truly gangrenous smell; the extremities were cold; the pulse could not be felt, &c., and in the evening he expired.

Inspectio cadaveris.—Under the cicatrix of the face the integuments were firmly adherent to the bones, and the squamous portion of the temporal bone consisted only of a very thin osseous layer, so that, on the least pressure, the scalpel entered into the cavity of the brain. The internal surface of the right temporal bone was rough, and covered with osseous and cartilaginous excrescences, to which the coverings of the brain were firmly attached. The pia mater was much injected, and contained a small quantity of serum. In the anterior and middle portion of the right hemisphere, a cellular intersection was found, corresponding with the external wound, and going through the substance of the brain towards the lateral ventricle, from which it was separated by a very thin layer of medullary substance. This intersection showed a large and compressed cyst, divided into a number of small cells, which were filled with a serous liquid, and the parietes of which were of such a delicate structure that they burst on the slightest pressure. The medullary substance

round this cellular intersection, and the other parts of the brain, exhibited no morbid alteration; the left lung was slightly adherent to the pleura, but in a healthy condition; that of the right was, at its inferior surface, firmly adherent to the diaphragm, by means of a fibro-cartilaginous tissue, which, having been divided, in order to obtain access to the aponeurotic centre of the diaphragm, the latter was found perforated to a considerable extent. The upper part of the right lung was healthy; its inferior lobe contained an excavation of the size of an orange, which was filled by a green, putrid, and very fœtid matter. The heart was healthy. The perforation of the diaphragm was an inch in diameter; its margins were softened, and in a condition approaching to that of encephaloid tumors. The surface of the liver was very rough, and adherent to the diaphragm, by means of a fibro-cartilaginous tissue, which being removed, an enormous excavation was found in the liver, communicating with the aperture in the diaphragm, and filled with a thick, putrid, pulsatous matter. It occupied nearly the whole of the upper half of the liver, and presented, in its centre, a softened encephaloid tumor, which was united to the tissue of the liver by means of a very delicate cellulo-vascular texture, from which it could be easily detached. The peritoneum and epiploon exhibited some traces of inflammation, and the intestines were adherent to one another. The mucous membrane of the stomach, duodenum, and small intestines, was healthy; that of the large intestines was extensively ulcerated and gangrenous.

In the middle of the transverse portion of the colon there was an eschar of two inches in diameter, which, in its circumference, had produced a perforation. The vena cava contained a thick, dark-colored blood, in which some whitish matter was found, which had much resemblance to the liquid contained in the cavity of the liver.—*Révue Médicale.*

Epilepsy of fourteen Years' Duration—Recovery.

A woman, aged 55, was admitted in the month of September at La Charité, who had labored under daily attacks of epilepsy since the year 1814. When brought to the hospital she had two fits daily. During several years she had suffered from occasional attacks of hæmatemesis and uterine hæmorrhage. She was in good condition, her strength and digestion unimpaired, and no disease about the uterus to be detected by examination. Copious blood-letting was tried without benefit. Ten days after admission she was taken with the epidemic prevalent in Paris, and the epilepsy disappeared. The symptoms of the epidemic continued twelve days, after which a new series of phenomena presented themselves—namely, hæmorrhages from the different mucous membranes. Copious bleeding occurred from the nose, stomach, bronchi, vagina, and rectum; but these organs, except merely the discharge, showed no sign of disease. The epidemic complaint diminished during this time, and then disappeared. After this the hæmorrhages ceased; and, lastly, the patient quitted the hospital cured of the epilepsy and in good health.—*Med. Gazette.*

Retroversion of the Uterus.

A paper by Mr. Baynham, of Birmingham, was read before the Medico-Chirurgical Society, December 9, 1828, in which he described a case of retroversion of the uterus about the sixth month, attended with great difficulty in restoring the parts to their natural situation. The symptoms, from pressure on the bladder and neighboring parts, being extremely violent, Mr. Baynham at length, all other means having failed, introduced a trochar into the vagina, and punctured the uterus twice. It appears that both apertures were made through the placenta, a portion of the liquor amnii was evacuated, and the womb replaced in its proper position. The author stated, that in his attempts at reduction, he introduced the whole hand into the rectum; and alluded to a case in which the practitioner had introduced the whole hand into the gut, while an assistant *simultaneously* introduced his into the vagina! The author referred to several cases in corroboration of his proposal to puncture the uterus, when it cannot otherwise be restored; but cases in which any danger occurs from retroversion are so extremely rare, that the practice, even if good, can scarcely ever be necessary.

Chloruret of Lime and of Sodium in Burns.

M. Lisfranc, at La Pitié, uses these applications with great success. Yet the vesicles are not opened for three days, which is decidedly wrong: they should be opened as soon as formed, and the practitioner who has once tried this practice will constantly have recourse to it. The French begin with poultices, and, when the

epidermis is removed, keep the surface covered with lint wetted with the solutions above mentioned, whose strength should be such as to excite warmth. The practice of applying salt is as old as the time of Clowes, who dissolved it in onion juice, and considered it a "sovereign remedy" for burns and scalds.

Pustular Venereal Eruption, treated by the Subcarbonate of Ammonia.

P. M., 38 years old, emaciated, and of a very weak constitution, observed, in the month of July, a particular eruption on his forehead; this having been suppressed for a time, by a nostrum, the composition of which was unknown, soon returned again, with a tendency to form ulcers, and began to spread over the whole body. On his admission into the St. Louis Hospital, in September, under the care of M. Biett, he was in the following state:—Almost the whole of his body, but especially the inferior extremities, were covered with ulcerating pustules of different sizes; in the centre of each pustule there was a prominent, black, very hard crust, surrounded by a white ulcerating margin; the epidermis round the ulcers presented a copper-colored defined areola. In those pustules, where the crusts had been detached, the surface was excavated, much injected, and covered by greyish-white tenacious matter; the skin, between the pustules, exhibited livid blotches, the scars of former ulcers. The patient had, in 1814, successively been affected with gonorrhœa, chancre, and bubo, and had never had recourse to a proper mercurial treatment; he was married, and his wife, who

had borne several healthy children, had never presented any signs of infection. His general health was good.

M. Biett, having for some time employed cinnabar fumigations, and the alkaline bath, prescribed the subcarbonate of ammonia, from the use of which, he had, in similar cases, observed very satisfactory effects. The patient took a drachm daily, and this, being borne very well, and without the least disturbance of the digestive organs, was afterwards increased to two, and even to three, drachms. The crusts were gradually detached, and the excavated ulcers became more superficial, and assumed a healthy appearance; so that the patient, after having used the subcarbonate of ammonia for twenty days, was perfectly cured.

Psoriasis Inveterata successfully treated by the Arsenical Solution.

Xav. Host, ætat. 39, of a vigorous constitution, was, on the 7th of September, admitted into the St. Louis Hospital, under the care of M. Biett. Having, up to his eighteenth year, enjoyed good health, he observed, at this period, without any previous cause, a scaly eruption on his legs and thighs; the scales were very small, dry, of a whitish color, and slightly adherent to the skin, from which they were detached by the least friction, leaving some elevation and redness. In this state the patient continued for several years, without any disturbance of the constitution; sometimes, especially in winter, the eruption disappeared entirely; but, on returning, it insensibly extended over the whole body, and the scales began to change into thick crusts, which were firmly attached to the skin. During the last

three years he had been much addicted to drinking, in consequence of which the disease had become so serious as to induce him to seek for medical aid. When admitted into the Hospital he had, for the last six months, been in the following state:—The whole body, with the exception of the parts exposed to the air, and the genitals, was covered with large, irregularly oval crusts, of different thicknesses; their surface was beset with white scales, which, according to their longer or shorter standing, were more or less firmly attached to the parts beneath. The skin over the joints, and of the thighs, was covered with very thick, rigid crusts, with large furrows filled by a bloody ichorous matter, so that the patient was almost entirely deprived of the use of his limbs. His general health was not affected, his digestion was good, &c. After a bleeding of ten ounces, and the use of some aperients, M. Biett prescribed the arsenical solution, of which the patient took four drops daily, and this dose was afterwards gradually increased to twelve drops. The effect on the cutaneous disease was astonishing; the crusts, which before had been remarkable for their rigidity and torpid appearance, gradually detached themselves from the skin, leaving, at first, large red blotches, which were again covered with scales, but after repeated desquamation the integuments gradually assumed their natural color and appearance, so that it was found unnecessary to continue the use of the medicine for more than four weeks, after which period, the vapor-bath having been employed for some time, the patient was perfectly cured.

Journal Hebdomadaire.

IV.

REPORTS OF CASES IN PRIVATE PRACTICE.

Communicated for the Boston Medical and Surgical Journal.

Cases illustrating the Use of Ergot in Parturition.

1. MRS. S., the subject of this article, is the mother of several children, and in all her labors, excepting one, has suffered from floodings, either before or immediately after the expulsion of the placenta. In some of these cases she lost a prodigious quantity of blood, and remained in a state of collapse for several hours. She lost a sister in the country from the same cause.

On the morning of the 30th of last March, on getting out of bed, uterine hæmorrhage suddenly came on, and in a few minutes she lost a large quantity of blood. I saw her about half an hour after. She was lying on the bed, gasping for breath, the countenance very pale, and the pulse very feeble, but distinct. The surface of the body was cold. She was at the end of the eighth month of pregnancy with her tenth child. On making an examination, I ascertained that the placenta was not over the mouth of the uterus; the head could be felt through the neck of the uterus at the brim of the pelvis; the os tincæ was nearly closed, though dilatable, and the membranes were ruptured. She occasionally felt a slight pain. The flooding continued, though much more moderately than at first. From 6 to 9, A.M., means were employed to suppress the hæmorrhage, and to support the strength, with the expectation that the labor-pains might increase, and by delivering the patient, remove the cause of the danger. But, though the flooding was much lessened, it was not entirely checked, the pulse rather flagged than gained strength, and the pains, which slowly increased, were at long intervals, and had but little effect in dilating the neck of the uterus. It

became a question, then, what further was to be done. The flooding might possibly be restrained by the *tampou*, until labor was fully established, but then she would probably be exposed to flooding, either before or after the expulsion of the placenta, as had been the case in eight labors out of nine. There was no certainty that the plugging of the vagina would altogether prevent the hæmorrhage, and a small additional loss of blood might prove fatal. The only method of effectually checking the flooding, was that of turning the child, and by effecting the delivery, to remove the source of the danger. This operation was determined on, and it accorded with the opinion of Dr. C., who passed the house at the time, and was called in. At half past 9, A.M., the hand was introduced into the uterus, though the resistance at the neck of that organ was greater than was anticipated. There was no pulsation in the child. When the feet were brought down, a smart pain came on, which forced the head partly into the pelvis, and the child was rather doubled than turned. But this difficulty was soon remedied, by fixing a noose around one of the ankles, and drawing gently upon the string with one hand, while the other was employed in pushing up the head. So soon as the turning was completed, and before any attempt was made at extraction, a full dose of infusion of ergot was given. In about five minutes, its effect on the uterus became evident; strong contractions of the organ took place, accompanied by the *risus* which is observable after the administration of that substance. The child was soon excluded, and it was followed almost immediately by the placenta and a large and firm coagulum. The uterus contracted to a small size, and remained so, though to secure its permanent contraction a second dose of ergot was given.

Immediately after delivery, Mrs. S. became exceedingly faint, and the

state of collapse continued for thirteen hours. At 6, P. M., the symptoms were, extreme paleness and coldness of the surface, hurried respiration, a thread-like and frequent pulse, and gasping for breath; but there was no restlessness or jactitation. At 11, P. M., reaction took place, after which she recovered, and left her chamber in less than a month.

As there was no perceptible flooding, either external or internal, after the delivery, the means employed to restore her were those of support and nourishment.

2. A lady of small stature, delicate organization, and feeble habit, was subject to flooding after delivery. I had attended her in six successive labors, in five of which this accident happened. The children and placenta, particularly the latter, were large. In one of the labors, however, the child was rather below medium size, and the placenta adhered firmly throughout its whole extent. It was taken away, and the stimulus of the hand, probably, produced so firm a contraction of the uterus as to prevent any subsequent hæmorrhage. In the first months of her tenth pregnancy, she was much reduced by cough, embarrassment of respiration, and hæmoptysis. These symptoms were removed about the seventh month, and she regained, in a great measure, her health and strength. As I was anxious to prevent flooding from taking place as usual, after delivery, because she had been reduced in her previous labors, from this cause, to an almost desperate state, I determined to try the effect of ergot. Labor came on at full time, on the night of the 16th of September last. I saw her at 8 o'clock the next morning. The membranes were ruptured about an hour before; the breech presented, and the os uteri was dilating. Fifteen minutes before 9, the breech having descended into the pelvis, I gave a strong dose of infusion of ergot. In a few minutes, the pains increased, and afterwards

became very frequent, with a constant effort at bearing down. The child was excluded at half past 9. Some delay was occasioned by the size of the head, but as regular pulsation continued in the cord, no great efforts were made to extract it. Another dose, but less in quantity, of the ergot was then given. The uterus felt firm. In a few minutes, contraction again took place, and a very large placenta was expelled. About six ounces of coagulum came with it, and the uterus immediately shrunk to a small size. There was no subsequent flooding nor after-pains.

In this case, the child and placenta were both much above medium size, and in reasoning from the circumstances of her former labors, there is the greatest probability that flooding would have taken place, if the ergot had not been administered. G.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending February 7, at noon.

Jan. 30.	Sarah Harris,	34 yrs.
	George Hunt,	45
	George Smith,	49
	Martha Appleton,	81
31.	Hannah Tileston,	64
	Ephraim Wildes,	46
	Hannah Boyden,	85
	George W. Loring,	14 mo.
	Anna McAdam Codman,	2 yrs
Feb. 1.	John Hosea,	74
	Catharine H. Prescott,	4
	Mary E. Kamsou,	5
2.	Jeremiah Kahler,	86
	John Fisher,	65
	Catharine Lary,	85
	Sarah Down,	52
	Freeman Simpson,	12 mo.
	Angelina Harrington,	2 yrs.
	Daughter of Phineas Dow,	1 day
3.	Joshua Loring,	49 yrs.
	Edward Doyle,	46
	Cecil Cartle,	80
4.	Margaret K. Williams,	11 mo.
	Sally Skinner,	33 yrs.
	Joseph Harrington,	75
	Edward Leeds,	5 mo.
5.	James M. Bugbee,	22 yrs.
	Margaret Harris,	10
	Jacob Barstow,	40
7.	Sarah Peirce,	74

Apoplexy, 1—brain fever, 2—consumption, 5—convulsions, 1—enlargement of the heart, 1—infantile, 1—intemperance, 1—lung fever, 4—old age, 8—palsy, 1—unknown, 5. Males, 14—Females, 16. Stillborn, 1. Total, 31.

ADVERTISEMENTS.

CURVED SPINE.

DR. GRIGG informs the Profession that he has lately made a new and important improvement in machines for Diseases of the Spine. From his success in its application, and from the unqualified approbation it has received from the most distinguished Surgeons and Physicians in Boston, New York and Philadelphia, he confidently presents it to public notice.

The benefit attendant on its use convinces him that most of the cases of deformity dependent on curvature of the spine, may be perfectly cured, and many of those which have been considered incurable may by this apparatus be very much relieved. Feb. 3.

Boston, 30 Atkinson Street.

MEDICAL SCHOOL OF MAINE
AT BOWDOIN COLLEGE.

THE Annual Course of Lectures at the Medical School of Maine, will commence at Brunswick on Tuesday, February 24, 1829, and will continue three months.

Theory and Practice of Physic, by JOHN DELAMATTER, M.D., Prof. of Surgery Western Col. Phys. and Surg. N. York. Chemistry and Materia Medica, PARKER CLEVELAND, M.D.

Anatomy and Surgery, JOHN D. WELLS, M.D.

Obstetrics, JAMES MCKEAN, M.D.

Degrees are conferred, after the usual examination, at the close of the Lectures, and at the annual commencement in September.

The Library and Cabinet have received considerable additions, and the Lecture-Rooms have been enlarged, since the last course of Lectures. 4t.

Brunswick, Jan. 1, 1829.

LECTURES ON ANATOMY.

TICKETS of admission to Dr. J. V. C. SMITH'S Evening Lectures on Anatomy, may be obtained at BREWER & BROTHERS, Apothecaries, Washington Street. Feb. 17.

MANUAL FOR THE USE OF
THE STETHOSCOPE.

JUST published by Benjamin Perkins, & Co.,—MANUAL FOR THE USE OF THE STETHOSCOPE, being a short Treatise on investigating Diseases of the Chest. From the French of M. Collin, with an Introduction and Plates. By a Fellow of the Mass. Med. Soc.

The Stethoscope may also be obtained as above in the most approved form.

ep3w

Jan. 20.

SURGICAL INSTRUMENTS.

DAVID & JOHN HENSHAW & Co. No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them. Oct. 14.

CASEY'S APPARATUS FOR THE
CURE OF DISTORTED SPINE.

THE Proprietor of the Dormant Balance for the cure of Distorted Spine, gives notice, that he has established an agency in this city, for the convenience of those who may wish to avail themselves of this invention. Physicians having under their care the subjects of this disease, or patients themselves, may have an opportunity of inspecting the apparatus, and examining the testimonials of its efficacy, at Mr. Charles White's, corner of Winter Street. It is recommended, however, that all patients availing themselves of this invention, should do it by the advice, and under the superintendence, of their own physicians, as it is only by medical opinion that the proper subjects of the machine can be determined, or the other proper measures to be made use of in conjunction with it, can be pointed out. The Proprietor expressly disclaims the idea that a cure is to be effected, in any case, by mechanical means alone. This machine has received the approbation of many of the most eminent medical men in this city and New-York. Upon application to the agent, references will be given, and written testimonials exhibited.

All letters, post-paid, addressed to J. Lincoln, No. 27, Fayette Street, will be attended to.

Boston, Feb. 6, 1829.

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